Renewing the Community Supports for Adults Program

A Discussion Paper

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1. Message from the Minister

Over the last year we have spent a great deal of time examining services for people in Nova Scotia with intellectual disabilities, long-term mental illness, and physical disabilities. We have talked to people receiving services, families, advocacy groups, service providers, and other provinces. This discussion paper is the culmination of that research.

In this paper, we discuss the kind of services we might provide, how people are involved in determining what services will be provided, and how those services may be funded.

At this stage, we are presenting ideas for discussion. We welcome your comments. At the end of each section of this paper, you will be asked your opinion. Do you think the ideas make sense? Do you have different ideas you would like to offer? Please respond by May 14, 2004.

You may submit your comments by e-mail at webcoms@gov.ns.ca, by fax at (902) 424-3287, by calling 1-866-697-1875, or by mail at:

CSA Project Team
Department of Community Services
P. O. Box 696
Halifax, Nova Scotia B3J 2T7

I would like to thank everyone who has participated in this renewal process to date, in particular the clients, families, and staff who participated in earlier focus groups, members of the Community Committee, and representatives from the Department of Health.

The responses we receive to this paper will help create a new model for services for people with disabilities. These services will enable Nova Scotians with disabilities to gain access to a range of supports to meet their immediate needs and to help them achieve their goals for the future.

Sincerely,

David Morse

David M. Morse
Minister of Community Services

2. Introduction

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notes

The Nova Scotia government is committed to ensuring that Nova Scotians with disabilities have access to affordable, accessible and responsive programs.

In 2002-03 the Department of Community Services (DCS) began a comprehensive review of the Community Supports for Adults program (CSA), one of its core programs. This program has not been examined in its entirety in well over 25 years. The goal is to develop a modern, fair, equitable, responsive and sustainable residential/vocational support system that will enable persons with disabilities to have opportunities to participate as citizens in their communities, and ensure they are healthy and safe.

The objective of the review was to identify ways to improve how residential and vocational support services are provided for people with intellectual, long-term mental and/or physical disabilities, and how government can make the best use of available funding. The review covered key aspects of the program including access, assessment, client supports, licensing and funding. The review work to date shows that the vocational services component of the program, which includes the Adult Service Centres and other day program supports attached to residential supports, requires a separate review to make sure the needs of clients receiving these services are properly addressed. The Department has already begun work on this key part of the service system and will continue as part of the renewal process.

Steering Committee

- Chair – Assistant Deputy Minister, Community Services
- Community Services Representatives:
  - Community Supports for Adults
  - Family & Children's Services
  - Employment Support & Income Assistance
  - Housing Services
  - Finance & Administration
  - Information Technology Services
  - Human Resources
  - 4 Regional Administrators
- Department of Health Representatives:
  - Continuing Care
  - Mental Health Services

The work to date has not taken place in isolation. Building on the work of a number of initiatives that have taken place over the past few years, an internal Steering Committee was created. The Committee included representatives from all the program divisions of DCS, and from the Long Term Care and Mental Health Services programs of the Department of Health.

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Since the review was launched a great deal of research was undertaken, including a review of recent literature and approaches in other provinces. Trends, common approaches and best practices were identified. Successes elsewhere were considered to help guide the development of a modern CSA program for Nova Scotia.

The culmination of this research and information gathering is this discussion paper. The purpose of this paper is to present a number of key concepts, and to explore new policy directions for improving the residential support system for adults with disabilities.

Renewing the Community Supports for Adults program will take a number of years. This paper marks the beginning of the renewal process. Feedback on the concepts contained in this paper will help guide the process and will contribute to changes that will result in an improved residential support system for persons with disabilities.

3. The Context for Change

notes

Community Supports for Adults (CSA) provides residential and vocational/day supports for adults with disabilities in Nova Scotia. We purchase services on behalf of our eligible clients from a network of organizations across the province. Eligibility for these services is based on age – ages 19 to 64 – and depends on a person's need for care or supervision.

3.1 The Current Situation

Our program currently supports 3,160 Nova Scotians in a broad range of residential settings. The settings include licensed homes for special care and unlicensed community-based homes.

Licensed Homes for Special Care

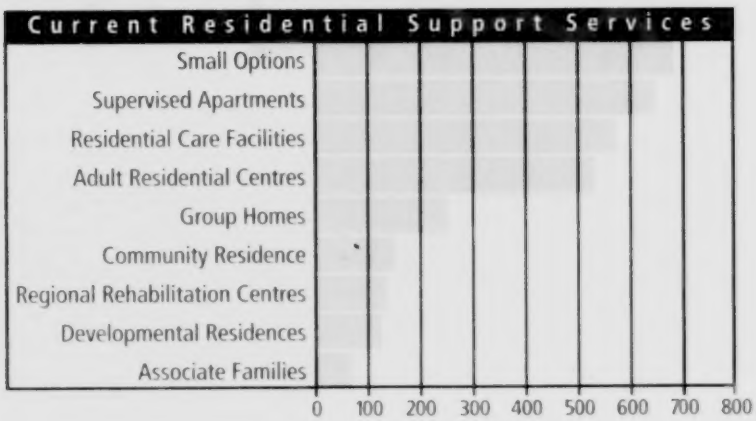
This group of homes provides care and supervision in homes with four or more beds. These include residential care facilities, group homes, developmental residences, adult residential centres, and regional rehabilitation centres. These must be licensed under the Homes for Special Care Act.

Unlicensed Community-Based Homes

This group of homes provides care and supervision in homes with three or fewer beds. These homes are not licensed. They include supervised apartments, community residences and associate families (adult foster-home settings), and small option homes.

Current Residential Support Services

Residential settings vary from individual, supervised apartment arrangements to larger, facility-based services. Most people, about 75 per cent, live in settings of 30 or fewer beds. Sixty-one per cent live in homes of ten or fewer people. The most frequently used service options are small option homes and supervised apartments.



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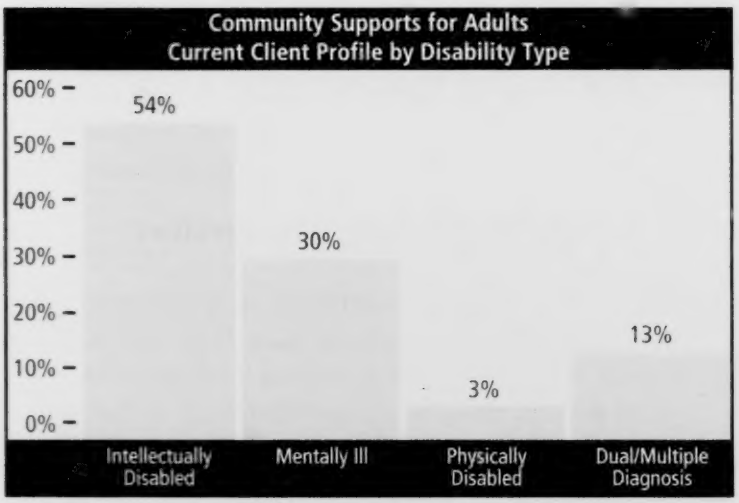
The program also provides day programs and employment opportunities for over 1800 people in adult service centres. These centres provide training and employment opportunities for adults with disabilities. Clients are involved in a supported employment environment for up to eight hours per day. Approximately 70 per cent live at home; 30 per cent live in one of the residential services supported by the CSA program.

The CSA program serves people with an intellectual disability, a long-term mental illness, a physical disability, or some combination of the three.

A review of the current caseload shows that, of the clients receiving residential support,

- 54 per cent are intellectually disabled[1]
- 30 per cent are long-term mentally ill
- 3 per cent are physically disabled
- 13 per cent have two or more diagnoses



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The cost of this program has grown substantially over the past six years. Costs have risen by 78 per cent since 1997–98, from approximately $77.4 million to $138 million in 2002–03. The majority of the cost increase has been in residential services. Funding to the adult service centres has remained relatively unchanged throughout this period. The overall budget for the residential program has grown by over $60 million to maintain the existing system. Two of the key cost drivers have been the provincial salary framework, which standardized salaries for service provider staff across the province, and the increasing cost of providing small option supports. These supports now average $69,000 per year for each person. Many of the new small options rates exceed $275 per day per person, or $100,000 per year.

notes

3.2 The Need for Change

The current CSA program was developed in 1976. This was at a time when Community Services focused on the development and delivery of residential services for persons with disabilities through licensed Homes for Special Care only, including long-term care supports, such as nursing homes. Individual municipalities developed and delivered unlicensed services.

Today the program includes a range of community-based options, such as supervised apartments. Until 1998, these were delivered by the municipalities. Our program also includes adult service centres, which were formerly part of Employment Support Services. The Department of Health now has responsibility for homes for the aged, nursing homes, adult in-home support, and residential care facilities and small option homes providing residential support for seniors.

At the same time there has been a movement in both children's and adult services toward smaller residential support options. In addition, DCS and the Department of Health has been involved in a process of decentralization toward regional responsibility for funding and service delivery.

As a result of these changes, current policies and processes are either outdated or inadequate to support the efficient and effective delivery of the program to the people we serve. Despite significant government investment to improve residential services for people with disabilities, there is an increasing level of dissatisfaction among all who are involved with the system, including clients and their families, service providers, staff, and advocacy organizations.

Here are some of the more pressing challenges:

- Access to services has become complicated and cumbersome. People looking for information or applying for services no longer know which government department provides what services, whom they need to contact, or how the process works.

- Gaps exist in service. We lack in-home supports and services for people with severe challenges. The focus on developing three-bed small options as the alternative to institutional placement has meant that very little attention has been given to enabling people to live in family settings, either with their own families or with foster families.

- Changes have been made to parts of the program without considering how these will affect the program as a whole. This has contributed to both gaps and bottlenecks in the current system.

notes

- Many people in residential services are prevented from achieving a greater level of independence because they do not have access to meaningful vocational and employment-related activities. For parents of young adults with disabilities who live at home and are ready to leave school, there are often no day-program supports. The result may be a request for residential placement.

- Services for people with long-term mental illness are in need of updating. We need to work collaboratively with the Department of Health to ensure that these clients have access to both the professional and residential services they need on an ongoing basis.

- Clients, their families, and advocates have said that the program is too system focused, that there is no meaningful way for clients to be involved in support planning, and that the decision-making process is not transparent or fast enough. In addition, it has been pointed out that all services are not available in all areas of the province, and that policy is not always consistently applied. People are concerned about inconsistent practices and services.

- Service expectations and accountability for the best use of public funds have not been clearly defined, nor have results for clients. In some instances working relationships have been eroded. Roles and responsibilities between Head Office and the regional offices can be unclear. In addition, there is currently no standard process for per diem rate setting, funding, and service review.

- The long-term sustainability of the current program is at risk. The program has reached the point where it is no longer able to respond efficiently and effectively to existing client needs. At the same time, there is an unmet demand for the services provided through this program. Spending for the program continually exceeds the approved budget, well beyond the rate of growth in any other departmental program. The cost of services, particularly in small option homes, now commonly exceeds $250–300 per day, making this one of the most expensive residential programs of its kind in Canada.

The renewal process represents an opportunity to resolve these issues and build a strong foundation for the future. It is our belief that we can work together to address these challenges and improve the Community Supports for Adults program.

notes

3.3 What We Have Heard to Date

We created an extensive consultation process to allow people involved with the system to share their ideas for improving the system. This includes clients, their families, advocacy organizations, service providers, staff of the departments of Community Services and Health.

We used the following approaches to gather information and obtain input about a renewed CSA program:

- We formed a Community Committee consisting of key stakeholder groups with broad-based expertise and knowledge to provide suggestions for change and responses to ideas identified during the research.

- We organized focus group sessions for both clients and staff. Ten focus group sessions with clients were held across the province to provide Nova Scotians with disabilities the opportunity to voice their concerns and to share their thoughts about how services might be improved. Five sessions with staff of the CSA program and three sessions with staff from Mental Health Services of the Department of Health were likewise conducted.

- We created a Web page on the Department of Community Services website inviting comments from the public and advertised it across the province. We received over 30 written submissions from interested people or groups that noted problems with the current system or made suggestions for improvement.

- We met with over 50 community organizations, advocacy groups, and service providers across the province, listening to their concerns and gathering information and ideas to help the development of a new CSA Program.

In all of our consultations we heard that change is long overdue. People want a better system of supports and services for people with disabilities.

The following common themes emerged during these initial consultations. People want a Community Supports for Adults program that...

- is fair and equitable, with policies consistently applied across the province
- is accessible and responsive to the changing needs of clients
- includes in-home support
- involves people with disabilities in planning for their own future
- improves access to services provided by the Department of Health
- improves financial accountability and accountability for service quality

4. Canadian Overview

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A key part of the project has been a review of delivery approaches in other Canadian jurisdictions. We have prepared a separate summary document that outlines the results of this research in detail. It is available on our website at www.gov.ns.ca/coms/.

Our review found that this group of services–residential and vocational supports for persons with disabilities–is under review or in some phase of change right across the country. All provinces face similar issues. Establishing the right mix of services that meet the varying needs of people with disabilities and are sustainable is a common challenge. Most provinces are in the process of trying to find better approaches to involving people with disabilities in planning and making informed choices about their futures.

Working together with clients, service providers, other community partners, and governments is recommended as the best, and perhaps only, way to make real and meaningful change in this very complex policy area.

Our review found that, while no two provinces are exactly alike, the following common approaches and practices exist:

- Most provinces provide a variety of residential supports ranging from semi-independent living to 24/7 staffed supports in group homes or other facility-based settings.
- The primary focus for most provinces is to enable people to live at home with their families or with foster families. Service development and enhancement has focused on in-home support, adult foster programs, supported apartment arrangements, and group homes as alternatives to institutional services.
- Most determine eligibility using a combination of diagnosis and a measurable functional assessment tool.
- Most provide client-centered support planning involving the client and their families.
- Most have developed program standards focusing on service quality and quality of life of the client.
- Most license or have an approval process for staffed residential support options.
- All except Alberta and Ontario include a financial assessment to determine the client contribution toward the cost of care/supervision.
- A standardized service provider budget/funding review process is common practice.
- Most have implemented service agreements with service providers to govern the provision and quality of service and ensure accountability for public funds.

5. Setting the Direction for Change

notes

The current program is struggling to meet the needs of the clients it serves. It has kept pace with neither changes in DCS nor national trends in the way services for persons with disabilities are provided. The addition of a substantial amount of new money has not made a significant difference in the range of services available. Changes are needed to make sure that people in Nova Scotia with disabilities have access to responsive and affordable residential support services when they need them.

The remainder of this paper presents a number of ideas on how we can improve our program. In developing these ideas, we have included many of the features now considered as best practice across the country.

No decisions have been made. The specific elements of a renewed program will depend, in part, on the feedback we receive about the ideas outlined in this paper. However, we cannot continue to do things as they are done today. Change in the current system is essential for providing quality, sustainable services for people with disabilities.

5.1 The Need for Vision

One of the themes that frequently emerged during the research, the various focus sessions, and the written submissions was the need for a vision to set the direction for change. We need to agree on where we want to go.

Major system change as envisioned in the CSA Renewal does not happen overnight. It requires the concerted effort of all involved–government, service providers, clients, families, advocates, staff, and the public.

We envision a system in which government departments and other sectors work collaboratively to provide an integrated and seamless continuum of residential supports and services for adults with disabilities. This system would involve clients in planning for their future. It would ensure that they have opportunities to participate as citizens in their communities, and do whatever possible to ensure that they are healthy and safe.

Notes

The Need for Values and Principles

We have heard from clients and their representatives that a renewed program needs to:

- recognize the abilities and inherent worth of people with disabilities
- provide support services in a way that is respectful of a person's gender, age, heritage, culture, race, and spirituality
- ensure, to the extent possible, that the client has the opportunity to participate in support planning and receive appropriate services and supports

We developed the following values and principles in consultation with the Community Committee:

System Values

Leadership:

Leadership is evident in a clear vision and demonstrated in action that...

- supports and promotes program values
- builds relationships and promotes teamwork
- encourages open communication
- invites change

Innovation:

- Innovation and creativity are supported and encouraged.
- Innovation through collaboration–with the service-provider sector, other government programs, and the broader community–is the preferred method to leverage collective strengths and expertise, enabling the exploration and implementation of new and creative ways of responding to the needs of disabled clients.

Learning:

- An environment of continuous learning, improvement, and renewal is encouraged.

Partnership:

- Cooperative relationships with clients, service providers, and other departments will improve the quality of services.
- Active, broad-based stakeholder input is encouraged to contribute to program development
- A team-based approach is used to achieve program success

notes

Effective Accountability:

A culture of relationship-based accountability that supports a full accounting of the use of public funds is promoted through:

- Clear definition of roles and responsibilities
- Clear understanding of program and performance expectations
- Establishment of credible reporting based on useful, promptly provided information
- Establishment of regular review and adjustment strategies

Sustainability:

- Programs balance resources and expectations to meet the needs of the present population served, without compromising the ability to respond to changing and future client needs
- Programs can be sustained within available financial resources
- Programs are evaluated and changed to ensure they are providing value for money and achieving their intended purpose

Client-Centered Values

Self-Determination:

- Supports are provided in a way that encourages clients to participate in decision-making and to develop their lives to the fullest extent possible

Empowerment:

- The client is supported and enabled to develop skills and abilities

Community Integration:

- The client is enabled to participate in available community activities

Outcome-Based Supports:

- Client supports are provided and assessed relative to effectiveness in contributing to measurable progress in enabling the client to achieve defined goals and objectives

Interdependence:

- CSA supports supplement and complement rather than replace the natural and community supports upon which all Nova Scotians are dependent

notes

Program Delivery Decision-Making Principles

Consistency

- Policy is applied equitably and consistently in helping CSA clients to use available supports

Quality

- Delivery of all services and supports, regardless of location, is consistent with CSA program standards
- Ongoing quality review is an integral part of the support planning, service provision, and funding processes

Transparency

- Clients and their families are informed of the CSA supports and services available, the eligibility criteria, the assessment, planning, and funding processes
- Clients and their families are involved in the support planning process
- Clients and their families are informed promptly with respect to decisions affecting their supports
- Open, two-way communication is established and promoted

Results

- Client supports enable the attainment of specified goals and objectives
- Decisions are based on evidence and research
- Supports and services are monitored and reassessed to ensure that they continue to be effective in contributing to expected results for the client

Questions

- Do you agree/disagree with the vision described in this section?
- If you agree/disagree, please explain why.
- Do you agree/disagree with the values and principles described in this section?
- If you agree/disagree, please explain why.
- Do you have any other comments on the general direction or concepts described in this section?

5.2 Clarifying Our Role and Mandate: Who Should We Serve?

notes

In delivering supports and services, the role of the CSA is one of policy, program and standards development, monitoring, partnership development, support planning, service coordination, evaluation and funding. Collaboration and partnerships with other areas of DCS and other departments within government are recognized as essential elements of an efficient, effective and seamless range of client support services.

We believe that we should continue to purchase residential and vocational supports from a network of service provider organizations across the province. In a renewed CSA program, Community Services will focus more on ensuring policies and standards are established to govern service delivery, making sure services are monitored, evaluated, and continuously improved so that the system of client support services is responsive, high quality, and sustainable.

A number of options are possible regarding the groups of people to be supported through a renewed CSA program.

Option 1: Continue to provide services to the same groups as those receiving services today. This means adults in financial need between the ages of 19 and 64 who have a diagnosis of one or more of the following:

- intellectual disability, including those with developmental disorders
- long-term mental illness
- physical disability

Option 2: Add to the above list one or both of the following groups:

- those 18 years of age and under who are expected to enter and qualify for the program at age 19
- those over the age of 65, if they continue to qualify and do not require nursing and medical care

Option 3: Exclude persons with long-term mental illness or physical disabilities, having them served under other programs. In most provinces, residential supports for persons with intellectual and developmental disabilities are delivered by community services departments. Supports for persons with physical disabilities and long-term mental health challenges are provided through health ministries, with mental health services provided by Health professionals.

notes

We have developed a proposed mandate based on our consultations to date. This mandate is based on continuing to serve the people currently served, adults with disabilities in financial need, while providing consistent and seamless services for children with disabilities.

Proposed Mandate:

The mandate of Community Supports is to provide services to persons with a disability requiring daily living supports. In this context daily living support is defined as care and supervision in a range of supportive living options for persons up to age 65 with an intellectual disability, including those with developmental disorders, a long term mental illness, or a physical disability.

Transition from Children's to Adult Services

One of the areas of concern identified during the focus sessions, in written submissions, and in presentations, was the transition from children's services to adult services. When a child reaches 19 years, parents of children receiving in-home support or residential placement services through Family & Children's Services often must re-apply for service in the CSA program and may potentially lose continued support/services for their child. Moreover, services can vary from one program to another.

The recent restructuring of DCS brought the programs of Family & Children's Services and CSA together under a common program structure. This marks the beginning of a movement toward one residential support system for both children and adults, with age-appropriate services and programs. Over time, there would be a smooth, seamless continuum to serve the needs of adults and the needs of children as they grow into adults and age. Bringing these two separate programs together now under a common program structure helps to address current barriers in the system. At the same time this new structure will enable better overall co-ordination and delivery of services and supports, while streamlining administration.

Populations Served by Other Programs

While the groups potentially eligible for residential support are broad, the following groups have not been included under the possible mandate:

- those whose primary need for support includes nursing or medical care
- those who are experiencing acute mental illness requiring hospitalization
- those over the age of 65
- those who engage in purposeful criminal activity

notes

The first three groups fall under the mandate of the Department of Health. Appropriate services for the fourth group requires support and input from the Departments of Justice and, perhaps, Health, depending on the circumstances.

To ensure CSA eligibility would not result in gaps in the overall range of residential supports, the departments of Community Services, Health, and Justice would establish appropriate processes and supports for all people who may require residential services.

Questions:

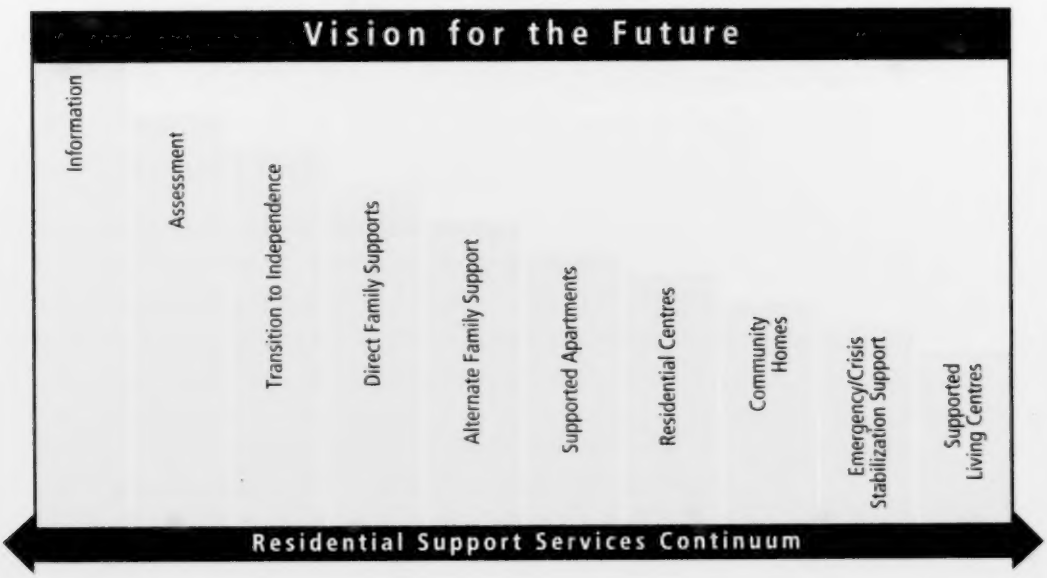
- Three options were presented in this section regarding the groups of people a renewed CSA program would support. Which option do you think is best?
- Do you agree/disagree with the proposed mandate described in this section?
- If you agree/disagree, please explain why.
- Do you have any other comments on the general direction or concepts described in this section?

5.3 Strengthening the Residential Support Continuum

notes

One of the biggest challenges in renewing the CSA program is finding the right mix of residential supports. There are a number of beliefs about the various types of residential support options and the best way to provide services for people with disabilities.

Efforts in recent years have been directed toward developing three-bed, small-option homes as the alternative to facility-based services. Unlike other provinces, Nova Scotia has not taken full advantage of developing a wide range of supports and residential options. Options like in-home support, adult foster home arrangements, supported apartments and group homes have not been developed to their full potential. Not only do these services provide a better range of options overall, they have proven to be cost effective. Across the country, these types of residential support options are now a common feature of the range of supports available for persons with disabilities.



notes

The lack of an in-home support option as an alternative to residential placement outside the family home was frequently identified as a gap in the continuum of services during the focus sessions.

In addition, the lack of beds in the Halifax Regional Municipality for individuals with severe behavioural needs who require intensive/multiple professional supports was identified as a contributing factor to long periods of hospitalization and/or placement outside the region. Most provinces, with the exception of Newfoundland and British Columbia, have a limited number of these types of facilities available for persons with very high support needs. In some provinces where these facilities have closed or where the number of facilities has been significantly reduced, it is becoming more and more difficult to appropriately support people requiring this level of care and supervision. Some provinces are now supporting people in nursing homes or hospitals to make sure these clients have access to the appropriate level of professional care and supervision.

Whatever the mix, services must reflect a reasonable balance between resources and expectations if the renewed program is to be sustainable in the long term. The renewal must consider the needs of the current people being served, without compromising our ability to respond to changing and future needs.

Supporting People in the Right Living Environment

We propose that we provide a broader range of supported-living options so that persons with disabilities have access to a variety of residential supports. These options would recognize that just as with all people, people with disabilities require a variety and range of supports that respond to individual and changing needs. At the same time residential supports must promote a stable, healthy, and safe environment.

The full range of potential residential supports is shown on the previous page. A number of new supports have been suggested to address gaps in the service continuum, including family support, short-term transition support to independent living, and crisis/stabilization support:

Direct Family Support

This type of support is not currently available through CSA. The jurisdictional research shows that all other provinces provide at-home family support as an alternative to residential placement. The focus of the program is to enable people to live at home with their family. In a number of other provinces, such as Newfoundland, Ontario, and British Columbia, in-home support is a significant component of the service options.

notes

Lack of direct family support was the most frequently cited gap in the current range of services, in both the focus group sessions and in written submissions. Introduction of a Family Support Option as an alternative to residential placement outside the family home would address this gap. The objective would be to provide families who choose to have their eligible family member cared for at home with support for approved supervision and care costs, respite, and special needs.

Crisis/Stabilization Support

Another gap is the availability of short-term crisis support, either in the individual's current residential setting or on a short-term admission basis. People sometimes experience a short-term crisis requiring additional or different supports. This type of service could be available regionally, providing access to the services of a stabilization program with both outreach and admission support. Services would include outreach team support to families and all supported living options.

The outreach team would be responsible for the following:

- completing an assessment and developing recommendations to support the client
- training families, staff, and clients in appropriate support strategies
- providing direct services in the client's residence to put in place the recommendations developed during the assessment

Independent Living Transition Support

One of the other features of a strengthened range of services would be the introduction of formal planning for the transition to independent living. In our focus sessions with clients, we heard that many believe they are ready to live on their own, but for some people the loss of structured supervision becomes a barrier. Independent living, defined as living without CSA support, would be identified as part of an individual support plan or a re-assessment of the support plan. Support would be provided as a way of helping the client to make a successful transition to an independent living arrangement.

The other potential supported living options can be understood by providing a brief description, in addition to those described above, of each of the suggested supports.

notes

Alternate Family Support

People with intellectual, physical, or mental health disabilities who are eligible for CSA and have varying levels of needs would be supported to live in a private home setting. People would be supported with basic routine personal-care activities of life, such as dressing, eating, bathing, and basic routine home and community activity supports.

Alternate Family Support has not been made as widely available in Nova Scotia as it has elsewhere in Canada. This type of support has become one of the preferred service options in other provinces.

Supported Apartments

This is a semi-independent living support option for people who have basic routine skills in personal-care activities, routine home and community skills, and who require minimal support and supervision. Supervision hours could vary from two to three hours per week, up to two to three hours per day. Maximum independence would be encouraged and supported under this option.

Residential Centres

Currently known as residential-care facilities, these centres would provide a transitional support option for people who require minimal support and supervision with routine personal-care activities, community skills and activities, and illness supervision. Clients would be able to function with limited direct support/supervision and would not have major health or behavioural needs. Support needs would primarily be limited to assistance with personal care.

Community Homes

This grouping of residential support options includes a range of supports that currently include small option homes, group homes, and developmental residences.

Community-based services would not be limited to three beds, and would include a range of staffed residential support options for people requiring minimal support to those requiring 24-hour support.

CSA staff and some service providers have found that three-person homes are not always the best for clients, as one of three clients is often "left out." Policy definitions and practice in other provinces do not limit community-based services in this way. The emphasis continues to be on smaller settings. The range of community-based residential options elsewhere in the country includes settings with more than three individuals.

notes

The range of supports could include:

- Semi-independent living support, for three or more people, who can function independently up to eight hours per day, in basic routine personal-care activities, and routine home and community skills. These people need minimal support in both skill areas.

- Supported living that provides 24-hour support and supervision for four or more people who need minimal support with basic personal-care activities, and moderate support with routine home and community activities.

- Supported living that provides 24-hour support and supervision for four or more persons who need moderate support with basic personal-care activities, and high support with routine home and community activities.

Supportive Living Centres

This grouping of residential support options includes a range of supports for persons with multiple needs/severe challenges, where staffing is provided on a 24-7 basis with on-site professional support. These currently include the Adult Residential Centres and Regional Rehabilitation Centres.

Supported living centres would provide support for people who need

- high levels of supervision and support in basic personal-care activities, and moderate levels of support with routine home and community activities
- a moderate level of support in basic personal-care activities, and routine home and community activities, as well as high levels of support with severe/multiple behaviour challenges.

Over time, as other supports for families and alternate family homes are developed, the continued role of these centres would be examined to determine the potential to move towards smaller bed numbers and increased outreach programs.

Support Services

In addition to the residential supports outlined above, we would provide other supports, including respite support, support for a variety of employment and training options and special needs. The focus would be on providing the services that encourage maximum independence through family and community participation.

notes

Feedback from the Client Focus Groups indicated that the primary concern was not so much the residential setting where they lived, but rather community access, such as transportation to participate in social and recreational activities, and more money for their personal use.

Transportation needs would be identified as part of the functional assessment and support planning process. Supports would be considered for clients who do not have an opportunity to participate in their community on a regular basis through work or day programs or an ability to access their community independently. Regional factors such as the availability of public transit and Access-A-Bus services would be considered when determining the amount of transportation supports approved. Allowances for personal use would be standardized and reviewed periodically. Access to employment support services would be simplified to make sure CSA clients have an opportunity to participate in employment activities to the fullest extent.

Questions:

- This section described the idea of developing a wide range of supports and residential options for Nova Scotians with disabilities. Do you believe developing this range of supports will strengthen the CSA program?
- Please explain the reason for your answer.
- Do you have any other comments on the general direction or concepts described in this section?

notes

5.4 Strengthening Assessment / Determining Appropriate Support

Many people with disabilities do not need residential care and supervision and are able to live independently with other supports, such as income assistance. At the same time, when a need has been identified, the appropriate type of residential service and support differs from individual to individual.

Today, people applying for services are assessed with respect to their need for service. Initial information gathered during the focus group sessions and through written submissions indicated that the current approach to assessment relies heavily on medical diagnosis and the resulting classification does not always meet current needs. One of the challenges with relying on medical diagnosis is that diagnosis alone is not enough to determine whether residential support is needed, and if so, what type of support would be most appropriate. The current assessment approach does not adequately measure a person's abilities or the severity of impairment in key areas of life functioning. As a result, the service provided is not always the most appropriate for the client.

In addition to a diagnosis, the research suggests that a functional assessment that measures abilities would better identify individual capacities, skills, abilities and unmet needs and would help in developing an individual support plan. A significant impairment—defined as the degree of impaired functioning in a particular area that exceeds normal/average or moderate levels of functioning—in a pre-determined number of these areas would play an essential role in determining a person's eligibility for services.

We are proposing to use a combination of diagnosis and functional assessment to help identify the appropriate amount and types of supports. This is the approach most provinces use to determine eligibility for residential services funded by government.

Key Areas of Life Functioning

1. Health and medical
2. Communication
3. Cognitive/academic
4. Domestic skills
5. Self care
6. Community skills
7. Leisure/recreation
8. Motor activity
9. Emotional
10. Social skills
11. Behavioural expression

Questions:

- Do you believe that using a combination of diagnosis and functional assessment would be the best approach to identify the appropriate amount and types of supports for individuals with disabilities?
- Please explain.
- Do you have any other comments on the general direction or concepts described in this section?

5.5 Strengthening Support Planning / Client Involvement

notes

A common theme throughout the focus sessions, in written submissions, and in presentations was the need to actively involve clients and their families in the support-planning process. This is common practice across the country.

CSA clients are involved in the planning process today, but current practice varies. One way to create a formal role for the client would be to establish a Client Support Team. The support team, led by a case manager, would perform a co-ordinating role to make sure the support planning process meets the needs of the client; meets established standards; relates to the functional assessment, and involves the client.

The team would include a case manager, client, family member or guardian, and other professionals representing other services and departments as required. Members of the support team would contribute to planning for services, implementation, and monitoring progress.

To be effective the support plan developed by the Support Team must link to the person's abilities and needs identified in the functional assessment. It would clearly identify the types and quantity of services and supports required. It would show how these services and supports would help the person to reach his/her goals.

An individualized client support plan could:

1. identify client capacities and needs
2. prioritize clients' needs:
   - health and safety
   - social integration
   - greatest strengths
   - greatest needs
3. set measurable goals
4. include both reactive strategies (interim strategies to address specific goals) and proactive strategies (strategies that build client capacity or decrease need)
5. include clearly defined and measurable services and supports
6. set out an outcome review process to assess progress
7. set out a quality review process to assess both service quality and client satisfaction

notes

Questions:

- Do you believe that creating a Client Support Team would be a good way to actively involve clients in the planning process?
- Please explain.
- Do you believe that individualized client support planning would be an effective way to build on client strengths and address unmet needs.
- Please explain.
- Do you have any other comments on the general direction or concepts described in this section?

5.6 Improving the Quality of Services for Clients

notes

One of the main foundations for the renewal of the CSA program is making sure quality of life is a key feature of the services provided. Most provinces have developed program standards that focus on quality of life of the client.

Quality of Life

Quality of life standards should be a cornerstone of supporting persons with disabilities served by CSA. Quality of life, defined as "promoting the individual's ability to build their capacity" [2], requires an environment that supports health and safety, community access, and active involvement, and builds on the person's individual abilities.

An environment promoting quality of life is an essential part of improving service quality and making sure clients have the opportunity to lead a satisfying and secure life. This can occur in a variety of residential options and through appropriate day programs and work environments.

Suggested Quality of Life Indicators

- physical well being (health and safety)
- social and psychological well being
- opportunities for independence and community access
- opportunities for personal relationships
- opportunities for employment
- supported decision making

The research suggests that quality review be a standardized part of an overall support process. A periodic review of quality of life indicators, and an assessment of overall service quality, efficiency and effectiveness would be included. Each person served by the CSA program would also provide their own assessment of the service and their progress as part of the quality review process. The client assessment could include a review of:

Service Element Indicators Such As:

Living option

- Home-like-atmosphere
- Access to telephone
- Access to community

notes

Planning, decision making:

- Involves client and / or family
- Planning occurs in a timely manner
- Decisions made in a timely manner

Information-sharing, communication:

- Clients informed of the process and available options
- Communication is in plain language and respectful of the client

Personnel:

- Courteous with and respectful of clients
- Knowledgeable and competent
- Fair, consistent and responsive in working with clients

Supports:

- Provided in an appropriate and timely manner
- Enable clients to move toward greater independence
- Related to individual client needs and capacities

Questions:

- Do you believe that quality of life standards should be a cornerstone of supporting persons with disabilities served by the CSA program?
- Please explain.
- Do you believe that periodic reviews of quality of life indicators would benefit clients supported by the CSA program?
- Please explain.
- Do you have any other comments on the general direction or concepts described in this section?

notes

5.7 Strengthening the Funding Process

There is general agreement regarding the need for more consistency and transparency in establishing service-provider budgets/per diem rates and other funding arrangements. Existing funding processes and financial accountability measures need to be strengthened and standardized. Our initial review indicates that a formal, standardized budget review or funding process has not been in place for some time. Currently, staff costs are the main focus of review, and as a result, inconsistencies in funding practices have occurred. Common themes from sessions with staff and service providers include the need for a standardized approach to funding.

Jurisdictional research shows most provinces have standardized funding and budget review processes in place, supported by service agreements. Funding portability is also a fairly common practice, meaning clients do not have to re-apply for support when they move from one area of the province to another.

Policy Options

Option 1: maintain the current approach, which deals primarily with salary, wage, and benefit costs

Option 2: establish an approved budget and per diem rate for each service provider

Option 3: standardize funding according to type of residential support option. This would mean a price or a fixed price range for each type of residential support option. For example there would be one rate or a set range of rates for Adult Residential Centres.

In presentations with service providers and in focus group sessions with staff, there was support for some form of standardized funding and/or budget review process. The third option presented above is based on an approach that is used in provinces like Saskatchewan and Manitoba, and has merit for consideration in Nova Scotia.

The majority of service provider costs in Nova Scotia are related to staffing, representing about 85 per cent of the cost of service. With provincial training standards now in place and implementation of the salary enhancement framework across the service provider sector, salaries, wages and related benefits are quickly becoming standardized across the province. Moving toward standard prices for each residential support option is a logical next step. With the establishment of staffing guidelines for the different residential support options and standard allowances for such costs as administrative overhead, food, program/household supplies, utilities, and shelter it would be possible to set a standard rate or a

notes

range of rates for each type of support option. A set price range could be used to reflect differences in the type of client group supported, the level of support required, the size of the home or regional variations in housing costs.

It is recognized that there would be some initial challenges associated with this type of approach. Shelter costs, including mortgages or rents, maintenance and repairs, and heating vary across the province and from provider to provider. Opportunities may exist to take advantage of bulk buying either regionally or provincially for fuel and other common purchases. In addition there may be opportunities through Housing Services and the Regional Housing Authorities to plan with and/or undertake maintenance and repairs for the service provider sector. At the same time, opportunities may exist to take advantage of the borrowing capacity of the Housing Corporation to get the best possible interest rate for mortgages or necessary capital improvements.

A periodic review process would be established to support this approach to ensure prices established were fair for each type of residential support option. As part of the review, service providers would be required to submit a budget and financial statements. The submission would be based on a standard budget template. Policy and guidance by way of staffing guidelines, definition of type, range and maximum funding for eligible costs, occupancy standards, service and funding limits, review and approval processes would be developed to ensure consistent and fair treatment in determining prices for the different residential support options. Services purchased would be within approved program policy and funding/price guidelines, and governed by standardized service agreements for each type of residential support option. The service agreement would clearly set out the price for service, outline performance expectations, and reporting requirements.

Program and funding policy would also be developed for funding for Direct Family Support, Adult Foster Home Support and Supported Apartments. Eligible costs, service and funding limits, review and approval processes would be defined.

notes

Funding Portability

In sessions with clients, support for funding portability was frequently sited as an area for change. Funding portability means that clients would have continued access to comparable funding when they move from one area of Nova Scotia to another. We propose introducing funding that is portable in the province. This will allow clients to move without fear of losing or having to re-apply for funding support. When a planned move results in a more cost-effective arrangement, the principle will be that the funding will follow the client. This will require some flexibility in the our internal program and budget systems to enable regions to accurately track client movement and adjust budget requirements.

Questions:

- This section outlined three funding policy options. Which option do you support?
- Please explain.
- Do you believe that funding portability is a good idea?
- Please explain.
- Do you have any other comments on the general direction or concepts described in this section?

notes

5.8 Strengthening Accountability

A common theme identified during the focus sessions was the need to strengthen accountability in the CSA system as a whole—both in terms of funding, service quality and results. One of the features of effective accountability is a clear understanding of what services are being provided, who is responsible for providing the service, and the results expected and achieved. Across Canada service agreements are becoming a common part of the delivery of residential services.

We propose establishing service agreements for each type of residential support option. The agreements would govern the purchase, provision, and monitoring of approved client services and supports, and the related funding.

During the support planning process, a service option would be identified that makes sure the appropriate supports can be provided to help the person achieve their goals within a realistic time frame, at a cost that is consistent with funding guidelines and within the available budget.

We would use a written service agreement, standardized for each type of residential support option, to formalize both funding and service accountability, to make sure supports purchased and provided contribute to positive results for clients.

The service agreement would cover such things as:

- the need for individual support plans for all clients covered by the agreement
- the types of services and supports to be provided for clients covered by the agreement
- the specific program and/or licensing standards to be met
- the approved funding
- performance expectations and the process to be used to monitor performance
- the review period

Questions:

- Do you believe that service agreements with service providers would strengthen the CSA program?
- Please explain.
- Do you have any other comments on the general direction or concepts described in this section?

notes

5.9 Strengthening Licensing Safeguards

The current licensing/regulatory framework governing service providers delivering residential services on behalf of Community Supports Adults is divided between licensed and unlicensed services. Homes-for- special-care operators are licensed under the Homes for Special Care Act and Regulations. Community-based-options providers are not licensed. The basis for licensing has been the size of the building, with licensing requirements in place for residential settings of four or more people. Community-based options, developed for three or fewer clients, are expected to comply with a variety of operating standards, but are not covered by formal licensing provisions. Currently 49 per cent of people supported through the CSA program live in community-based options and 51 per cent live in homes for special care.

Policy Options

The following policy options are available:

Option 1: maintaining the current situation, which ties licensing to bed numbers

Option 2: stop licensing and use service agreements to cover basic safeguards

Option 3: license all staffed residential settings regardless of size

Across the country most provinces license residential options of three or more people. Ontario does not license its residential services but has a formal approval process governed by the Ontario Developmental Services Act. Newfoundland, which is the only province with no residential service system, uses service agreements for its adult foster, supervised apartment, and co-operative apartment programs.

A single licensing program for all staffed residential settings operated by service providers would appear to be the preferred option. The size of the residential setting would no longer be the determining factor. The principle applied would be whether vulnerable persons with a disability are dependent on others in a staffed setting for care, supervision and support, in a safe and secure residence. If this proposal were adopted, adult residential services would be regulated in the same way as children's residential services. Consistent standards would be established regarding the qualifications of the provider, the physical conditions of the residence, and the frequency of review and inspection. These standards would assure CSA clients a basic level of protection and quality of care.

This approach would mean that a new licensing framework would need to be developed. Some of the key elements would include:

- staffing–including ratios of staff to clients, staff skills and qualifications, supervision, and training and development;

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- standards governing program/service delivery;
- physical site, including fire and life safety requirements
- health, medication, and nutrition
- financial management and audit
- records management

This would require the participation of the Department of Health, inspection partners such as the Office of the Fire Marshall, Emergency Measures Organization, and the departments of Agriculture and Fisheries, and Environment and Labour. The regulations would be developed in such a way as to ensure they are reasonable, achievable, measurable, and enforceable for the protection of the health and safety of clients.

For alternate family support situations, safeguards could be strengthened by adopting the model used in children's foster care. On completion of a training and assessment process, approved families enter into a service agreement outlining their responsibilities with respect to care, supervision, and support. Home safety reviews, on-going monitoring, and regular reassessments would be performed by CSA staff.

Clients in supported apartments also require a measure of protection. Service agreements would be established with the provider to make sure this type of support would meet CSA program standards.

Safeguards for clients participating in Adult Service Centre programs could be strengthened by building on the work of the Workshop Council of Nova Scotia. Service agreements could be established with the centres, incorporating standards in such areas as health, safety, and client service planning.

The suggested changes with respect to licensing would be developed in such a way as to ensure they are reasonable and do not add unnecessary red tape, and at the same time protect the health and safety of clients.

Questions:

- There were three licensing options presented in this section. In your opinion, which option would work best?
- Please explain.
- Do you have any other comments on the general direction or concepts described in this section?

6. Tell Us What You Think

notes

This paper has presented some ideas about how we can provide the best services for people with disabilities in Nova Scotia. It also proposes some directions for change to help focus and promote discussion. We now invite you to provide your thoughts on these ideas and proposed directions.

We will consider all responses received by May 14, 2004.

Written responses may be dropped off at the nearest office of the Department of Community Services, sent via e-mail at webcoms@gov.ns.ca, or regular mail.

Mailing Address:

CSA Renewal Project
Department of Community Services
P. O. Box 696
Halifax, Nova Scotia B3J 2T7
fax: (902) 424-3287

To leave a telephone message or request a copy of the documents call:

In the Halifax calling area, phone: **424-3645**

Toll-free from across Nova Scotia: **1-866-697-1875**

Copies of the discussion paper are also available online at:

web address: http://www.gov.ns.ca/coms/files/CSIA_Renewal_Initiative.asp

7. Glossary of Terms[3]

notes

Activities of Daily Living (ADL):
Refers to the basic, routine personal care activities of life, such as dressing, eating, and bathing.

Adaptive Behaviour:
Refers to how effectively the person meets the standard of behavioural/emotional expression expected by someone the same age, gender, and culture.

Adaptive Functioning:
Refers to how effectively the individual copes with life demands and meets the standard of independent living expected of someone of the same age, gender, and culture.

Assistive Aids:
Services required to assist the client in overcoming or managing a physical disability.

Daily Living Supports:
Refers to activities of daily living and instruments of daily living.

Developmental Disability:
A disorder characterized by substantial impairment in several key areas of development: i.e., social interaction, communication, benavioural presentation. These disorders include Autism, Attention Deficit Disorder, conduct disorders, Appositional Deficit Disorder.

Disability:
Refers to a severe and persistent restriction or impairment that results in an inability to perform an activity in the range or within the range considered normal for someone of the same age, gender, and culture. It describes a functional limitation (versus a diagnosis) and is ongoing in nature.

Domains of Daily Living/Key areas of life functioning:
Refers to life development categories assessed in a functional assessment, such as communication, personal care abilities, behavioural/emotional expression.

Functional Assessment:
Refers to a standard, objective assessment that identifies adaptive or maladaptive functioning in the key domains.

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Individual Support Plan:
A measurable plan that outlines goals and strategies to meet goals with and for the client/client. Relates to the capacities and needs identified in the functional assessment.

Instrumental Activities of Daily Living (IADL):
Refers to basic, routine home and community skills and activities, such as cooking and community travel.

Intellectual Disability:
Refers to a significantly lower-than-average intellectual functioning that is accompanied by limitations in adaptive functioning in at least two skills of life domains, such as communication, self care, social/interpersonal, use of community resources, mobility, functional academic skills, behavioural presentation. There are four degrees of severity:

- Mild IQ–50 to 70
- Moderate IQ–39 to 55
- Severe IQ–20 to 40
- Profound IQ–20 to 25

Individual Quality of Life Measure:
Refers to a series of indicators of client satisfaction.

Long term Mental Illness:
Refers to a persistent alteration in a person's thinking, feeling, or behaviour that creates difficulties in functioning normally, socially, or at leisure. Examples include schizophrenia and chronic mood disorders.[4]

Outcome Measures:
Refers to the measurement tool and process that will be used to evaluate effective support planning. From a client quality of life perspective and a service provider quality service delivery perspective.

Physical Disability:
Physical disability refers to a significant ongoing physical limitation that substantially limits independence and requires ongoing supervision, support, or skills development but not nursing care.

Quality of Life Indicators:
Refers to a set of characteristics that must be addressed in support planning to ensure quality of life.

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Quality of Life:
Refers to promoting individuals in building their capacity.

Respite:
In-home relief or short-term placement support for a limited period of time.

Service Contract/Agreement:
An agreement between the provider of the service and the client and the CSA program that outlines services, supports, and methods to be utilized to assist the client.

Special Needs:
Unexpected (i.e. not present at time of functional assessment and service contract) needs that arise in relationship to supporting the client and/or service provider.

Support Team:
A team of "contributors" of care who assist in the development, implementation, and evaluation of services and supports for and with the client. Includes client, family, care coordinator, and service provider/professional.

Supported Living Options:
Refers to a continuum of staffed support options or, in the case of supervised apartments, supervision options.

8. References

notes

1. Includes persons with developmental disabilities.

2. California Department of Developmental Services, "Looking at Service Quality".

3. Definition Resources include:
   Diagnostic and Statistical Manual IV;
   Planning to Have a Life;
   Individualized Planning;
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4. Understanding Chronic Mental Illness, Empowering Health Care Providers, 2003

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